

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:	nde-gh-si-nd-d-Cellista (ay issaid-armanin minumin mille			
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR :			and the state of t	<del></del>
STREET ADDRESS:				
CITY/STATE/COUNTY (Required):				
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.				
DO YOU WANT COPIES? YES or NO				
DO YOU WANT TO INSPECT THE RECORDS? YES or NO				
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO				
RETURN FORM TO:				•
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGENCY:				
AGENCY FIVE (5)-DAY RESPONSE DUE:				
SOLICITOR REVIEW & APPROVAL:				
NUMBER OF COPIES	COST \$.25	PER PAGE OR	\$15 FOF	POLICE REPORTS
OTAL COST:\$ PAID	\$	METHOD		

<sup>\*</sup>Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)